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PTO/SB/01 (6-95)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	H 5265 US
	First Named Inventor	Hackbarth et al.
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

UV-CURING ANTI-FINGERPRINTING COATINGS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		YES	NO
101 44 531.8	Germany	09/11/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	EP02/09967	09/06/2002	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label
OR

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Stephen D. Harper	33,243		
Glenn E. J. Murphy	33,539		
Steven C. Bauman	33,832		
Gregory M. Hill	31,369		
Mary K. Cameron	34,789		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **00423** OR ☐ Fill in correspondence address below

Name					
Address					
Address					
City		State		Zip	
Country		Telephone	610-278-4927	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Karsten	Middle Initial		Family Name	Hackbarth	Suffix e.g. Jr.	
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Inventor's Signature		Date	12. March 2004
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Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
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Post Office Address	Friedrich-Springorum-Strasse 45
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Post Office Address									
City	40237 Duesseldorf	State		Zip		Country	Germany	Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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H 5265 IIS

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Matthias	Middle Initial		Family Name	Koch	Suffix e.g. Jr.		
Inventor's Signature	<i>Matthias Koch</i>				Date	19.03.04		
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany	
Post Office Address	Steinkribbenstrasse 7							
Post Office Address								
City	40597 Duesseldorf	State		Zip		Country	Germany	
Applicant Authority								
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Kerstin	Middle Initial		Family Name	Motzkat	Suffix e.g. Jr.		
Inventor's Signature	<i>Kerstin Motzkat</i>				Date	19.03.04		
Residence: City	Oberhausen	State		Country	Germany	Citizenship	Germany	
Post Office Address	Wilhelm-Haumann-Weg 32							
Post Office Address								
City	46049 Oberhausen	State		Zip		Country	Germany	
Applicant Authority								
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Joerg	Middle Initial		Family Name	Sander	Suffix e.g. Jr.		
Inventor's Signature	<i>Joerg Sander</i>				Date	12-03-04		
Residence: City	Velbert	State		Country	Germany	Citizenship	Germany	
Post Office Address	Birther Strasse 141a							
Post Office Address								
City	42549 Velbert	State		Zip		Country	Germany	
Applicant Authority								
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Holger	Middle Initial		Family Name	Endres	Suffix e.g. Jr.		
Inventor's Signature	<i>Holger Endres</i>				Date	18.03.04		
Residence: City	Neuss	State		Country	Germany	Citizenship	Germany	
Post Office Address	Buchenstrasse 27							
Post Office Address								
City	41470 Neuss	State		Zip		Country	Germany	
Applicant Authority								
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto								

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Wolfgang			Middle Initial		Family Name	Schneider			Suffix e.g. Jr.			
Inventor's Signature	<i>Wolfgang Schneider</i>						Date	18.03.2004					
Residence: City	Langenfeld			State		Country	Germany			Citizenship	Germany		
Post Office Address	Tiefenbruchstrasse 13												
Post Office Address													
City	40764 Langenfeld			State		Zip		Country	Germany			Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City				State		Country				Citizenship			
Post Office Address													
Post Office Address													
City				State		Zip		Country				Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City				State		Country				Citizenship			
Post Office Address													
Post Office Address													
City				State		Zip		Country				Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City				State		Country				Citizenship			
Post Office Address													
Post Office Address													
City				State		Zip		Country				Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City				State		Country				Citizenship			
Post Office Address													
Post Office Address													
City				State		Zip		Country				Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto													